

# Consumer Council News

March 23, 2006

Volume 7, Issue 9

## Consensus Statement on Recovery

### EBP ToolKits

There are six evidence-based practices (EBP) in mental health toolkits available through Substance Abuse and Mental Health Services Administration (SAMHSA). The six are:

- \* Illness Management & Recovery
- \* Assertive Community Treatment
- \* Family Psychoeducation
- \* Supported Employment
- \* Co-occurring Disorders: Integrated Dual Diagnosis Treatment

The Kits were developed as a critical strategy of science-to-services.

Learn more at:  
[www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits](http://www.mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits)

At a National Consensus Conference on Mental Health Recovery in December SAMHSA and six Federal agencies convened to clearly define recovery as this is a cornerstone of the Presidents New Freedom Report Action Agenda.

The definition agreed upon was: *Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.* The 10 fundamental components of Recovery are:

1. Self-Direction-recovery must be self-directed by the individual who defines their goals.
2. Individualized and Person-Centered-There is respect for individual preferences based on the persons strengths to achieve recovery.
3. Empowerment-Consumers speak for themselves and have the authority to choose



from a range of decisions what will meet their needs.

4. Holistic-Recovery embraces all aspects of life including employment, mental health, healthcare treatment, education etc.
5. Non-Linear-Recovery is not a step-by-step process but growth through life experiences
6. Strengths-Based-Recovery focuses on strengths and the capacity of the individual.
7. Peer Support-Mutual support plays an invaluable role in recovery.
8. Respect-The elimination of discrimination and ensuring rights is essential.
9. Responsibility-Consumers have a personal responsibility for their own journey
10. Hope-Hope is the catalyst of the recovery process, people can and do overcome the obstacles to their own recovery.

## Conflict of Interest

The National Ethics Committee (NEC) of the Veterans Health Administration (VHA) has recommended that VHA develop national policy on compensated, conflict-creating relationships between VA health care professionals and industry. The type of interactions include gifts, consulting or speaking fees between health care professionals and the pharmaceutical industry. Serious ethical concerns have been raised that such arrangement risk compromising health care providers' professional objectivity and integrity and/or undermining their fundamental ethical commitment to putting the interests of patients first.

There was public outrage in the wake of discoveries of widespread financial conflict of interest and apparent violation of institutional policy within the National Institutes of Health. The

NEC in a recent report *Gifts to Health Care Professionals from the Pharmaceutical Industry* discusses the special nature of compensated relationships examines why such compensated relationships between health care professionals and pharmaceutical industry may be ethically problematic, and reviews professional ethical guidelines and legal standards regarding health care professionals receiving compensation from the pharmaceutical industry. Compensated relationships risk compromising health care professionals' adherence to professional norms of objectivity and faithfulness to patient care. When practitioners accept the existence of such arrangements uncritically, the integrity of

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## Medicare Woes

Mix-ups in the first weeks of the Medicare drug benefit have vexed many beneficiaries and pharmacist. Dr. Steven S. Sharfstein, president of the American Psychiatric Association, said the transition from Medicaid to Medicare had a particularly severe impact on low-income patients with serious persistent mental illnesses. Many of the Medicare patients had been unable to get medicines or had experienced delays. Relapse, rehospitalization and disruption of essential treatment are some of the consequences of not being able to get prescriptions filled.

At least 24 states have taken emergency action to pay for prescription drugs if people cannot obtain them by using the new Medicare drug benefit.

Pharmacists say they still cannot get the information needed to submit claims, to verify eligibility or to calculate the correct co-payments for low-income people. They often must wait hours when they try to reach insurers by telephone.

Federal officials said they were moving aggressively to

fix problems with the drug benefit. They provided a temporary supply-typically 30 days-of any prescription that a person was previously taking. Medicare has sent data files to insurers, listing all low-income people entitled to extra help with premiums and co-payments but problems persist.

Those living in assisted living who have a mental health diagnosis have been forgoing their medications on account of the new-co-payments. Many of these people do not have the funds for co-payments. Under the 2003 Medicare law, low-income people entitled to both Medicare and Medicaid are exempted from all co-payments if they live in a nursing home. But the exemption does not apply to people in assisted living centers.

For those that cannot afford the co-pay there are State Pharmacy Assistance Programs (SPAPs). More information is available on this at: [www.shiptalk.org](http://www.shiptalk.org) and at [www.pparx.org](http://www.pparx.org)

## Kendra's Law

The merits of assisted outpatient treatment are still being debated but New York State in it's Final Report on Kendra's Law after five years believes it has helped persons with mental illness.

Assisted outpatient treatment (AOT) drastically reduced hospitalization, homelessness arrest, and incarceration among the people with severe psychiatric disorders, while at the same time increased their adherence to treatment and overall quality of life.

Inpatient hospitalization is by far the most expensive form of psychiatric treatment available today. One of the most dramatic benefits to individuals participating in the Kendra's law program was a marked reduction in the total number of days spent hospitalized.

Individuals in the Kendra's Law program which is court-ordered treatment were more likely to regularly partici-

pate in services and take medication as prescribed by the treating physician. The number of individuals exhibiting good adherence to medication increased by 103 percent from only 34 percent to 69 percent.

Researcher conducted fact-to-face interviews with 76 recipients of Kendra's law to assess their opinions, perceptions of coercion or stigma associated with the court order and their quality of life as a result of AOT.

While the interviews showed that the experience of being court-ordered into treatment made about half of recipients feel angry or embarrassed, after they received treatment, AOT recipients overwhelmingly endorsed the effect of the program on their lives. 75 percent reported that AOT helped them gain control over their lives and 81 percent said that AOT helped them to get and stay well.

## Information and Resources

The 2006 publication *Federal Benefits for Veterans and Dependents* is available on-line at <http://www1.va.gov/opa/is1/index.asp>